



Staff Agency for the Judicial Conference of Indiana

Court Alcohol and Drug Program

### GRANT PROGRAM

## EXPENSE DOCUMENTATION FORM

(To be submitted with original receipts for reimbursement after grant has been completed.)

Item	Date	Expense	Amount
Grant Application number _____		Total Expense _____	

I have examined the preceding information and attached documents. I certify that these expenses were actually incurred in support of the grant program approved by the Indiana Judicial Center for our Court Alcohol and Drug Program.

\_\_\_\_\_  
A&D Program

\_\_\_\_\_  
Program Director Signature

The reimbursement payment will be issued to the County Auditor's office or as per direct deposit instructions.

Please complete and enclose the following information:

Completed W-9 form (must be submitted with each grant request).

(Forms are available on the IJC website; [www.in.gov/judiciary/center/cadp](http://www.in.gov/judiciary/center/cadp) under Grant)

The check or direct deposit will be made to information provided on W-9 & Authorization Agreement.

A confirmation of payment will be sent to the Program Director by email or mail.

**IJC**

Amount approved for payment: \_\_\_\_\_ IJC Signature \_\_\_\_\_

Date \_\_\_\_\_

Mail to: Justin Miller  
30 South Meridian Street, Suite 900 Indianapolis, Indiana 46204-3424  
Telephone: (317) 232-1313 \* Fax: (317) 233-3367